

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90026 033 ***150.00

DOCUMENT # M42921

1. Entity Name
MARKER INVESTMENTS, INC.

Principal Place of Business Mailing Address
P O BOX 450864 MIAMI FL 33245 **P O BOX 450864 MIAMI FL 33245**

2. Principal Place of Business 3. Mailing Address
CALLE LAUREL 2305 **P O BOX 191598**

Suite, Apt. #, etc. Suite, Apt. #, etc.
CONDO PARK BLVD., SUITE 1009

City & State City & State
SANTURSE, PR 00913 **SAN JUAN, PUERTO RICO**

Zip Country Zip Country
00913 USA **00919-1597 USA**

4. FEI Number **59-2744066** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAL, EDDY
1420 S. BAYSHORE DR.
#1701
MIAMI FL 33131

Name **JORGE E. BLANCO, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
1401 PONCE DE LEON
SUITE 202
 City **CORAL GABLES, FL** Zip Code **33146**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

3/30/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST <input type="checkbox"/> Delete
NAME	LEAL, EDDY
STREET ADDRESS	1420 S. BAYSHORE DR. #1701
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, EDDY
STREET ADDRESS	PO BOX 191598
CITY-ST-ZIP	SAN JUAN PUERTO RICO-00919-1598
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

Daytime Phone #

CR2E034 (10/00)